

PATENT
Attorney Docket No. GC717-2-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of) Group Art Unit: 1656
Poulouze)
Serial No.: 10/500,936) Examiner: Moore, William W.
Filed: March 25, 2005) Confirmation No. 1489
For: Multiply-Substituted Protease)
Variants)

REQUEST FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following extension of time is requested to respond to the Final Office Action mailed October 29, 2007:

one month to _____; the extension fee is \$120.00.
two months to _____; the extension fee is \$460.00.
three months to April 29, 2008; the extension fee is \$1,050.00.
four months to _____; the extension fee is \$1,640.00.
five months to _____; the extension fee is \$2,230.00.

The extended time for response does not exceed the statutory period.

The shortened statutory period has been reset by an Advisory Action
dated _____.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R.

§§ 1.16 and 1.17 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 07-1048 (Docket No. GC717-2-US).

Respectfully submitted,

Dated: May 21, 2008

/Kamrin T. MacKnight/
Kamrin T. MacKnight,
Reg. No. 38,230

Danisco US Inc., Genencor Division
925 Page Mill Road
Palo Alto, CA 94304-1013
Tel.: (650) 846-7500, Ext. 5838
Fax: (650) 845-6504

Adjustment Date: 06/23/2008
03 FC: 2233 INTFSY 06/23/2008 CR 071648
CKHLOK 06/23/2008 CR 071648
10500936

GC717-2-US EOT

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/20/08 2 Serial/Patent # 10500936

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
✓	Amendment			\$
✓	Extension of Time	—	5/21/08	\$ 1050.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$

		7 TOTAL AMOUNT OF REFUND	\$ 1050.00
		8 TO BE REFUNDED BY:	
	Overpayment	<input checked="" type="checkbox"/>	Treasury Check
✓	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #: 07--1048
✓	No Fee Due (Explanation):		

10 REASON:	
Overpayment	<input checked="" type="checkbox"/>
Duplicate Payment	<input checked="" type="checkbox"/>
No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME:	<u>Liana Walsh</u>
SIGNATURE:	<u>Liana Walsh</u>
OFFICE:	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****	
APPROVED:	<u>OK</u>
DATE:	<u>6/23/08</u>

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**